

Iowa Department of Public Health Tuberculosis Control Program

LTBI Treatment Monitoring Flow Sheet

At least monthly all patients should have the following:

- Face-to-face evaluation. Routine lab testing is not generally indicated.
- Education about possible adverse effects of TB medications. If serious adverse events occur, advise patients to stop treatment, notify you, and seek medical care.
- · Patients receiving INH-RPT require a monthly exam for the presence of jaundice, liver tenderness, or rash.
- If patient become pregnancy while receiving INH-RPT, discontinue regimen and seek medical evaluation**.

Patient Name (Last, First):					I	Date of Birth:					
Medication start date:			Inticipated top date:		(Ordering Clinician:					
Date:											
TB symptoms?: (i.e., weight loss, night sweats, prolonged cough, bloody sputum)											
Drug K	ey: INH= Isoniazid, F	RIF=Rifampin, RPT= Rifapentine									
SIDE EFFECTS	Poor appetite (INH/RIF/RPT)										
	Nausea/vomiting (INH/RIF/RPT)										
	RUQ abdominal tenderness (INH/RIF/RPT)										
	Tea/coffee colored urine (INH/RIF/RPT)										
	Unusual fatigue (INH/RIF/RPT)										
	Rash/itching (INH/RIF/RPT)										
	Yellow skin/eyes (INH/RIF/RPT)										
	Numbness/tingling in arms/legs (INH)										
	Fever for 3 days or more (INH/RIF/RPT)										
	Dizziness (RPT)										
TEACHING	Need to notify MD/nurse if side effects										
	Signs/symptoms of active TB disease										
	Avoiding ETO	Avoiding ETOH use									
	Orange urine/t	nge urine/tears normal (RIF/RPT)									
	Effect on horm	Effect on hormonal contraceptives (RIF/RPT)									
	Avoiding pregr	Avoiding pregnancy (RPT)**									
	Importance completing regimen										
	Importance of notifying provider if moving]								
DOSES	Adherence: # r	missed doses this month?									
	Medications di	spensed/DOT (INH-RPT)									
	Total # doses t	aken this month/Week (IN	H-RPT)								
	Vitamin B6 Tal	ken?									
Date of next health care appointment											
Nurse Initials											
Complete when closing case: Total # doses ingested: Total # months on therapy: Completed?* Yes No											

Documentation Key: Y= Yes, N= No, NA= Not Applicable, P= See Progress Notes on Back

^{*} To allow for minor interruptions in therapy, treatment for a 9-month regimen can be considered complete if 270 daily doses are ingested within 12 months; for 6-month regimen, 180 doses must be ingested within 9 months. If there is a break in medication of more than 2 consecutive months, the patient must be reevaluated, including a chest x-ray. If more than 3 month consecutive break, medications should be re-started (unless 6 months of medication has been completed, then there is no need to restart and the patient is considered to have completed therapy).